



Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip

Name of Clinical Training Program: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip

Date of Clinical Entry: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Completing Clinical Training: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Supervising Physician for Clinical Training: \_\_\_\_\_

Name of Chief Medical Officer Clinical Training Program: \_\_\_\_\_

**Answer the Following Questions**

☐ Yes ☐ No Have you ever been arrested or charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor?

☐ Yes ☐ No Have you ever had a license/certificate, including a driver's license, suspended or revoked by any agency?

☐ Yes ☐ No Have you ever been disciplined by any agency for any act of unprofessional conduct as defined in Arizona Revised Statutes, Section 32-1501?

☐ Yes ☐ No In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency?

☐ Yes ☐ No Do you have a complaint pending before any agency?

☐ Yes ☐ No Have you ever been found guilty of being medically incompetent?

☐ Yes ☐ No Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgment?

☐ Yes ☐ No Do you have any medical condition that in any way impairs or limits your ability to practice medicine?

**\*An applicant is required to submit a written supplement to this application if the answer is YES to any of the above questions. *\*\* The Fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to the questions.***

\*The Criminal Justice Information Report received by the Board from the United States Department of Justice Federal Bureau of Investigation is inclusive of all arrests including juvenile arrests even when records are expunged by a court of law. In a written supplemental statement to the Board, an applicant is required to list all arrests, pleas and convictions, jail or prison time served and any probation served. Failure to provide complete information for questions answered Yes on this page may require the applicant to appear before the Board for a personal interview.

**Subscribed And Sworn To Before A Notary Public:**

State of \_\_\_\_\_)

County of \_\_\_\_\_)

**Print the Applicant's Full Name:** \_\_\_\_\_ **being first duly sworn upon his or her oath deposes and says all of the following:** I am the person named in this application. I have read and understand the contents of this application. The information contained in this application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorize any hospital, institution, organization, personal physician, past or present employer, past or present business or professional associate or any local, state, federal or foreign governmental agency to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorize the State of Arizona Naturopathic Physicians Board of Medical Examiners, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person, when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application or for the Naturopathic Physicians Board of Medical Examiners to hold a hearing to revoke any naturopathic medical student internship, preceptorship or preceptorship training registration that is issued to me by the Board. I authorize the Board to tape record any application interview that is conducted of myself in regards to this application.

**Signature of Applicant:** \_\_\_\_\_

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_

**Notary Public Signature** \_\_\_\_\_

**(OFFICIAL STAMP)**

**Notary Public Commission Expires** \_\_\_\_\_

|            |          |         |        |
|------------|----------|---------|--------|
| Office Use | Received | Emailed | Agenda |
|------------|----------|---------|--------|